

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39434

R.A. 34840579

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 645

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neelyville, Mo. Neely Township				c. CITY OR TOWN Columbus, Georgia			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route				d. STREET ADDRESS (If outside, give location) 3113 Clara Belle St.			
3. NAME OF DECEASED (Type or print) First Marshall Middle Woods, Jr. Last Woods, Jr.				4. DATE OF DEATH Nov. 8, 1957			
5. SEX: Male		6. COLOR OR RACE Indian		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 4, 1924	
9. AGE (In years last birthday) 33		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bethune, South Carolina. U.S.	
13. FATHER'S NAME Marshall Woods				14. MOTHER'S MAIDEN NAME Hannah			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 2		17. INFORMANT Ella B. Woods, Neelyville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transpiration in face with shotgun Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shot him self in the face with a shotgun					
20c. TIME OF INJURY 2:50		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) farm home					
20e. CITY, TOWN, OR LOCATION Neelyville		20f. COUNTY Butler		20g. STATE Mo.			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:50 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thos W Wheeler		(Degree or title) Coroner		22b. ADDRESS Poplar Bluff Mo		22c. DATE SIGNED 11/11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-13-57		23c. NAME OF CEMETERY OR CREMATORY Bethune Cem.		23d. LOCATION (City, town, or county) (State) Bethune, South Carolina	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11/15/57		26. REGISTRAR'S SIGNATURE RH Munchie	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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cc

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RECEIVED

NOV 18 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 22 1957

NOV 21 1957

NOV 26 1957

FEB 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 487

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.